

7007 0710 0000 8134 2916

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL™**



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**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To **GRADUAL TAYLOR**  
Street, Apt. No.,  
or PO Box No. **6410 RED BANK RD.**  
City, State, Zip+4 **Cin. OH. 45213-1912**

PS Form 3800, August 21, 06

See Reverse for Instructions